



## RESTRICTED PRODUCT SALES LOG

*Working together to curb illegal drug use.*

Drug Hotline  
1-800-472-2185

STORE NAME AND LOCATION:

Download this form at:  
[www.ag.nd.gov](http://www.ag.nd.gov)

The information is required by federal law. Both sections must be completed in full and signed or initialed as indicated. This information is **confidential** - the completed form must not be visible to another purchaser. Thank you.

### SECTION 1. THIS SECTION MUST BE COMPLETED AND SIGNED BY **PURCHASER**.

Purchaser's NAME	
Purchaser's ADDRESS	
Date & Time of Purchase	
Purchaser's Signature:	

WARNING TO PURCHASER: Use of a false, forged, or altered identification is a violation of federal law and may result in criminal prosecution, for which the penalty is \$25,000 and imprisonment.

(06/06)

### SECTION 2. THIS SECTION MUST BE COMPLETED AND INITIALED BY **RETAILER/EMPLOYEE**.

NAME OF PRODUCT	
AMOUNT PURCHASED	
Purchaser's DOB:	OVER 18? <input type="checkbox"/>
Purchaser's ID #	Retailer Initials:



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